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APPLICANTS

Paul Van Huis, Whithall, NY;
 Kerry McKinley, Newtown, CT;
 Robert A. White JR., Watertown, CT; Michael Charney, Hinesburg, VT;

** CONTINUING DATA ***** } NONE DM

** FOREIGN APPLICATIONS *****) NONE DM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/08/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 5
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Verified and Acknowledged
 Examiner's Signature *DM* Initials

ADDRESS
 Daniel B. Rubl
 Sealed Air Corporation
 P.O. Box 464
 Duncan, SC
 29334

TITLE
 Packaging cushion delivery system

FILING FEE RECEIVED 1668	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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